Desjardins Insurance
LIFE • HEALTH • RETIREMENT

C. P. 3875 succ. Lévis
Lévis (Québec) G6V 0A7

Fax: 418-835-0194
1-844-409-6575

GROUP INSURANCE - DISABILITY CLAIMS

REIMBURSEMENT AGREEMENT FOR DISABILITY BENEFITS OVERPAID BY THE INSURER

A - IDENTIFICATION OF INSURED

PLEASE PRINT.

Last name	First name	Account number
Address - No., street, apt.		Certificate or identification number
City	Province	Postal code

Telephone number: (   )   -

B - REIMBURSEMENT AGREEMENT

I agree to reimburse Desjardins Financial Security Life Assurance Company, hereinafter Desjardins Insurance, any disability benefits it overpaid me further to the approval of a claim, submitted to one or more of the following organizations, and subject to the group policy provisions:

- Quebec Pension Plan (QPP)
- Canada Pension Plan (CPP)
- Workers' Compensation Board (CSST)
- Société de l'assurance automobile du Québec (SAAQ)
- Commission administrative des régimes de retraite et d'assurances (CARRA)
- Any other government organization

Upon receipt of a cheque from one of the above-mentioned organizations, I will reimburse the overpaid amount to the insurer.

Further, in the event of death, I acknowledge that I will be required to reimburse these same overpaid amounts to Desjardins Insurance. The latter will be entitled to withhold these amounts from the death benefit that will be paid to my estate under my life insurance coverage with Desjardins Insurance. Desjardins Insurance will be considered the beneficiary of my death benefit until my debt to them has been paid off in full.

It is understood that a rejection notice from one of the above-mentioned organizations releases me from any obligation under the reimbursement agreement, provided that I have requested a review of the file further to the first rejection and have provided a photocopy of the rejection notice.

Signature of insured ________________________________

Date:

Desjardins Insurance refers to Desjardins Financial Security Life Assurance Company.